### **Application Data Sheet**

## **Application Information**

Application number:: To Be Assigned

Filing Date:: 12/02/04

Application Type:: Regular

Subject Matter:: Utility

Title:: METHODS OF DIAGNOSING AND TREATING

DIABETES AND INSULIN RESISTANCE

Attorney Docket Number:: 016325-013800US

Request for Early Publication:: No

Request for Non-Publication:: No

Total Drawing Sheets:: 0

Small Entity?:: Yes

Petition included?:: No

Secrecy Order in Parent Appl.:: No

#### **Applicant Information**

Applicant Authority Type:: Inventor

Primary Citizenship Country:: Ireland

Status:: Full Capacity

Given Name:: Bernard

Middle Name:: B.

Family Name:: ALLAN

City of Residence:: San Francisco

State or Province of Residence:: CA

Country of Residence:: US

Street of Mailing Address:: 940 Guerrero Street

City of Mailing Address:: San Francisco

State or Province of mailing address:: CA

Country of mailing address:: US

Postal or Zip Code of mailing address:: 94110

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Applicant Authority Type:: Inventor

Primary Citizenship Country:: United Kingdom

Status:: Full Capacity

Given Name:: Brian

Family Name:: LAVAN

City of Residence:: San Francisco

State or Province of Residence:: CA

Country of Residence:: US

Street of Mailing Address:: 2020 Lawton Street

City of Mailing Address:: San Francisco

State or Province of mailing address:: CA

Country of mailing address:: US

Postal or Zip Code of mailing address:: 94122

Applicant Authority Type:: Inventor

Primary Citizenship Country:: United Kingdom

Status:: Full Capacity

Given Name:: Shonna

Family Name:: MOODIE

City of Residence:: San Francisco

State or Province of Residence:: CA

Country of Residence:: US

Street of Mailing Address:: 2091 Golden Gate

City of Mailing Address:: San Francisco

State or Province of mailing address:: CA

Country of mailing address:: US

Postal or Zip Code of mailing address:: 94115

Applicant Authority Type:: Inventor

Primary Citizenship Country:: United States of America

Status:: Full Capacity

Given Name:: Steve

Family Name:: WATERS

City of Residence:: San Ramon

State or Province of Residence:: CA

Country of Residence:: US

Street of Mailing Address:: 1 Lobelia Lane

City of Mailing Address:: San Ramon

State or Province of mailing address:: CA

Country of mailing address:: US

Postal or Zip Code of mailing address:: 94583

Applicant Authority Type:: Inventor

Primary Citizenship Country:: China

Status:: Full Capacity

Given Name:: Chi-Wai

Family Name:: WONG

City of Residence:: Hayward

State or Province of Residence:: CA

Country of Residence:: US

Street of Mailing Address:: 28073 Thorup Lane

City of Mailing Address:: Hayward

State or Province of mailing address:: CA

Country of mailing address:: US

Postal or Zip Code of mailing address:: 94542

# **Correspondence Information**

Correspondence Customer Number:: 20350

# **Representative Information**

Representative Customer Number:: 20350

# **Domestic Priority Information**

Application::	Continuity Type::	Parent Application::	Parent Filing Date::
This Application	National Stage of Claims Benefit of		June 4, 2003 June 4, 2002 June 4, 2002 June 6, 2002 June 6, 2002 June 6, 2002

# **Assignee Information**

Assignee Name:: METABOLEX, INC.

Street of mailing address:: 3876 Bay Center Place

City of mailing address:: Hayward

State or Province of mailing address:: CA

Country of mailing address:: US

Postal or Zip Code of mailing address:: 94545